MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) . PLACE OF DEATH a. COUNTY Page a. STATE b. COUNTY eral director. Page St. Mary's MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town) write RURAL and give nearest town) Patuxent River Hollywood Approx 3 d. NAME OF HOSPITAL OR INSTITUTION (if pol-in hospital, give street address) d. STREET ADDRESS refained USNAS. Station Hospital 3. NAME OF 4. DATE Last DECEASED Softer o (Type or print) DEATH Robert Wilkinson ABELL September 29 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SFX 8. DATE OF BIRTH 9. AGE IIn years IIF UNDER 1 YEAR ! may 2 last birthday) and Months Male Caucasian | WIDOWED | DIVORCED [December 1, 2, an age 5 r and 2 72 hou 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Pages pages 1 Roofer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3 Give Claude ABELL Leila C. WILKINSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 219 12 5211 Mary Ellen BEAN Daugheter MEDICAL EXAMINER: This certificate should be executed rd "pending in personal life along will Examiner's Office along will be used as a burial-fransit pe 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: SUBDURAL HEMATOMA IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word shauld be forwarded to the Chief Madical En FUNERAL DIRECTOR: Page 3 should be it is designated agent, prior to burial, cremating 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) While painting roof 20e. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING T patient stepped on fresh paint and slipped CAUSE OF DEATH. and fel 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While factory, street, office bldg., etc.) While al work X al work BLDG 533 USNAS Patuxent River St. Mary's Md 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x Inquiry W. Accident -Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) ROBERT STEWNERY, RWINVOF BURRY) MARYLAND DE 228, BURIAL, CREMATION. 226, DATE THEREO NAME OF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p Burial St. John's Hollywood. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATUR V5. A15ME arthur S. Henris 5M 9/60 W. Clarke Mattingley Leonardtown, Maryland DATECT 4

St. Mary's

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO TE

(State)

and in my opinion

DATE SIGNED

9-29-63

(State)

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e. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

Year

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, e. COUNTY. St. Mary's ST. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits, by the c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporete limits, write RURAL end give nearest fown) write RURAL and give nearest town) Rural Hollywood Life Hollywood 3. Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Leonardtown, Md. Hospital NAME OF Middle Month DECEASED сотре (Type or print) DEATH Minnie Maude September Adams 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH lest birthday) and Months Female White October 10a. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired St. Mary's. House Wife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending and Hillary Copsey Doris C. Dean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no. or unknwn) (If yes give war or dates of service removal Hollywood. Franklin Adams the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) physician. þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO affending been Conditions, if any, which gave rise to immediate cause Phe DUE TO (a), stating the underlying has burial, the 0 certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT hospital 50 u50 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH for the After this detached 9 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) While Not While at work at work may be relain Pe 21. | certify that (I) (this hospital) attended the deceased from ... 3 should ale saw the deceased alive on ., and that death occured at 1.2 ..M. from the causes and on the date stated above 22a, SIGNATUR ATTENDING MED. STAFF TO HOU SEAL death. Joe Funeral L director, page 3 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS M.D. Patrick/ 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREO 23d. LOCATION (City, town or county) Buria I St. John's Cemetery Hollywood 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

W. Clarke Mattingley, Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60

DATE SEP 2 1 '61 Cirthun S. Kroun

before edmission

e. IS RESIDENCE ON A FARM? YES X NO

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IF UNDER 24 HRS.

Hours

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WAS AUTOPSY

PERFORMED?

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w. Clarice Mattingley, Leonardton , Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution e. COUNTY e. STATE St. Mary's St. Mary's b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown! Leonard town. Leonardtown . IS RESIDENCE ON A FARM? YES NOT 4. DATE First Middle Last DECEASED (Type or print) DEATH Oharles 19 61 Henry Beander September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX AGE (In years | IF UNDER 1 YEAR | last birthdey) | Months | Days IF UNDER 24 HRS. Hours June 18,1908 Colored WIDOWED [DIVORCED 10b. KIND OF SUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Labor 14 MOTHER'S MAIDEN NAME Charles Francis Beander Mary Evans Address 220-16-5 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (6) gave rise to immediate cause DUE TO

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) NAME OF 5. SEX Male 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired! 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown] [[fyes give wer or detes of service] (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (State) 20c. TIME OF INJURY Month, Day, Yeer 201. (City or town) (County) factory, street, office bldg., etc.] Not While Hour a.m. et work | et work 21. I certify that (1) (this hospital) attended the deceased from any 20, 1959 to Seat 4, 1961, that (1) (we) last saw the deceased alive on Sa 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) William D. Boyd M.D. Leonardtown, Maryland 23d. LOCATION (City, lown or county) 236. BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 61 St. John Cemetery Hollywood. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus W. Olarke Mattingley Leonardtown, Maryland DATE

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FOR STATE

TO DE. I'V MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the market litractor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hopes after death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10645MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH	40000
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, I	
St. Marys	MARYLAND	a. STATE Maryland b. COU	Bultimort
 b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wri	ta RURAL and give nearest lown)
Patuxent River	2 days	Lan sa owne	03X-
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
NAS Station Hosp:	ital	162 Howard Street	ON A FARM
NAME OF First	Middle	Last 4. DATE Mon	h Day Yeer
(Type or print) JAMES	WESLEY B	LOCKSTON DEATH Septe	ember 22 1961
			IF UNDER 1 YEAR IF UNDER 24 HR
		Dec. 3, 1920 lest birthdey 40 yrs.	
Da. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Steta or foreign country)	1 12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired Steam fitter	Construction	71'	USA
FATHER'S NAME	Construction	Maryland 14. MOTHER'S MAIDEN NAME	ODA
	Da colont on		
Wesley T. Was deceased ever in U.S. ARMED FORCE	Blockston	Matilda Dausha	77 2 01
es, no, or unkown) (livesgive war or dates of ser	vice)	705	Howard St.
Yes WW 2		leste E. Blockston - 1	Lansdowne, Md.
18. CAUSE OF DEATH [Enter only one c	ause par lina for (a), (b), end (c).)	acture, Compand, Commi	THE MET AL BETWEEN
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest,			Da Da
(4)	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1011 10 WAS ATTORS
PART II. OTHER SIGNIFICANT CONDITION 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	one deliment to be the	There is the remainder blocker collollion of	PERFORMED?
20- EVTERNIAL CALLES WAS 1 200	DECORAT HOW INHIBY OCCUPED IN	nter nature of Injury in Part I or Part II of Item 18.) Wh	YES NO
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING			
	ocked approxima	was hit by high pressu	ne steam water.
Marie	While Mak White # facto	ory, street, office bldg., etc.)!	(County) (Slata)
1:52 p.m. 9/20/61	while Not While Bo	iler plant USNAS Patu	ment River, Md
21. I certify that I took charge of		d an Autopsy . Inspection X. Inqui	
death resulted from: Natural cau	Personal Per		-
- 1		CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE CONTACT	73a, d	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Wm. D. Bo	oyd, MD	Leonardtown Md	9/22/61
REMOVAL (Specify) 22b. DATE THEREO	F 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town	n, or country) (Stata)
Burial 9/25/61	Cedar Hill	Anne Arund	el, Co. //d.
I. FUNERAL DIRECTOR	ADDRESS E. H	ort Aves. REC'D BY REGISTRAR 246. REC	
McCully Funeral	Home- Belto. M	d. DATE SEP 25 '61 0	riling S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10645	CERTIFICATI	OF DEATH		40000
1. PLACE OF DEA			2. USUAL RESIDEN	ICE (Where decessed lived, If is	nstituti ne Rosid (C. before edmission
S	t. Mary's	MARYLAND	Mary Mary	land	St. Mary's
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Rid	gells nursing	home	/		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	Verne	O.	Brannock	DEATH Septe	mber 22. 19 61
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male			Oct. 2, 1889	71 yrs.	Months Deys Hours Min.
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Carpe	working life, even if retired) : nter			Vermont	U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Frank D. Bra	nnock	Techel	Morrison	
5. WAS DECEASED	EVER IN U.S. ARMED FORCES			Address	· · · · · · · · · · · · · · · · · · ·
	(If yes give war or deles of servi		halma I. Dan	manie D4 1 Dam	000 Laudmatan Die
no	F DEATH If pter only one can	214-18-0932 T use per line for (e), (b), end (c),	Herma n. Dla		222 Lexington Pk
	ATH WAS CAUSED BY:	1.	*	Maryland	ONSET AND DEATH
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ceuse last.		Hyper Copy as	probale		10 gens
PART II. OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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PART II. OT 20s. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT		DE DESCRIBE HOW INJURY OCCURE). (Enter neture of injury in	Pert I or Pert II of item 18.)	
(IF EITHER, NOT	NG CAUSE OF DEATH				
20c. TIME OF IT	NJURY Month, Dey, Yeer		ACE OF INJURY (Home, for		(County) (Slete)
20c. TIME OF II		While Not While fee	tary, street, office bldg., et	c.)	
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		attended the deceased from			
	eased alive on	iy.u., and tha	death occured at	ur.t.m., from the causes	and on the date stated above
22e. SIGNATUR	010		ATTENDING	MED. STAFF	SIGN
40 8111111111	(NX	June 1	A.D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	
22c. PHYSICIAN		am us	22d. AUDKESS	A-11.00	1.1
	1200	AN IND	1	ear Milly	M
3e. BURIAL, CREM	ATION, 236. DATE THEREO			23d, LOCATION (City, for	(Slete)
Crematio		Cedar Hi		Suitland,	Maryland
4 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	25e. RI	SED 2 - 256, REG	SISTRAR'S SIGNATURE
W. Elarke	Mattingley I	conardtown, Maryl	and DATE	SEP 2 7 '61	
		•			Wither S. Kraus
A. Maria					- PHAGE

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24. REC'D BY REGISTRAR

DATE

SEP 2 6 '61

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR:

The bottom copy may

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director,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10647

CERTIFICATE OF DEATH

10640

ADDRES:

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY 5 MARYLAND STATE COUNTY LENGTH OF STAY Ilt outside corporate limits, CITY CITY corporate limits, write RURAL and give nearest town OR and give neerest town OR TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF Middle (Last) DATE (Month) (Day) (Yoar) DECEASED OF DEATH (Type or Print) / S. SEX COLOR SINGLE, MARRIED, OF BIRTH DATE AGE lost but IF UNDER 1 YEAR IF UNDER 24 HRS av RACE WIDOWED, DIVORCED. Months Days Hours (Spacify) KIND OF BUSINESS 10e, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? 13. FATHER'S NAME NOE 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) RECORd 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES -NO 21a, ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) 21f. HOW DID INJURY OCCUR? (Year) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that I attended the deceased from...... 19. 6. J...., that I last saw the deceased death certificate and that death occurred at. alive op..... SIGNATURE (Straa), city, town, ADDRESS M. D. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) BURIAL / CREMATION. DATE THEREOF REMOVAL (SPECIFY)

25

FUNERAL DIRECTOR'S SIGNATURE



	1 /		I to			DEPARTMENT OF HEALTH and records — Baltimore 1, Maryland
_				10648	CERTIFICA	TE OF DEATH
Page 4	I director, filed with			COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution, Residence by COUNTY
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r death	funeral lid be	2	j b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonar town	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes
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7.	P			AME OF First ECEASED	Middle	Last 4. DATE Month Day Yeor
E	Pages 1	\ 	5 5	ype or print) ALBERTINE X 6 COLOR OR RACE 7 MA		DOW September 23, 19 61 B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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e x	and corroon pap			during most of working life, even if retired)	School	Maine USA
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certificate	sicia ve a			August Ahlq		Marte Hanson
HE .	phy emo			VAS DECEASED EVER IN U. 5. ARMED FORCES? 1 no. or unknown) [If yes, give war or dates of service]		
÷.	ding sse r	-				s. Harriette P.A. Davis- St. Inigoes, Md
dea	plec plec			 CAUSE OF DEATH [Enter only one couse per PART I, DEATH WAS CAUSED BY: 	r line for (a), (b), and (c)	INTERVAL BETWEEN
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te law i	as beer iol-tran ation, a	5	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
F Supplement	bor crem		RTIFI	OR CONTRIBUTING TO CAUSE OF DEATH!		D (Enter noture of injury in Port I or Port II of item IB.)
CIAI	fiffice inf.			(IF EITHER, NOTIFY MEDICAL EXAMINER)	V	ep of home, landing on rt. hip
PHYSIC Tolor o	this cer ir use of r to bur	,	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d Hour o.m., Sept. 89 6 Wh	ile Not while ar foo	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.) St. Inigoes St.M. Md.
NG liggo	ffer od fo			21. I certify that (I) (this hospital) atte	nded the deceased from	1964, ta 1964, that (1) (we) last
ATTEND	detoche Health			saw the deceased alive on	19.5 and that 6	death occurred at LAM, from the causes and on the date stated above. 22b. DATE STAFF STAFF STAFF
S S	DIRECTED BE ord of			22c PHYSiCIAN'S	1x V/E	M D PHYS MED. STAFF DIRECTOR PHYS 9/23/61
	AL hau Bo	/		NAME (Type) James P. Ja	rboe, MD	Great Mills, Md.
HOSP av be	FUNER oge 3 s le State		23a	BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	
OE	D S a		24 5	Burial 9/26/61 FUNERAL DIRECTOR'S SIGNATURE	Forest Cit	y Cem. Portland, Maine 250. REC'D BY REGISTRAR 250. REGISTRAR'S 5'GNATURE
	15 (4)		44 I	P.B. Robinson - Le		
15M	9/59					- All 1 / All



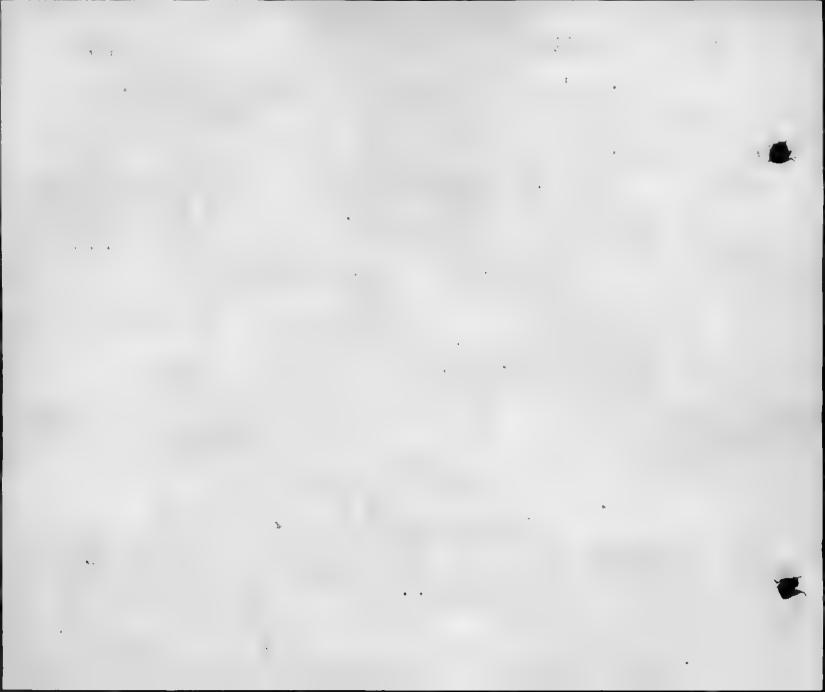
10649 funeral 24 hours after PLACE OF DEATH a. COUNTY by the land 2 sideath. St. Mary's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) RXXXXX Leonard town .⊑ Pages ed hours Mary S Hospital papers. 3. NAME OF DECEASED **■omple**i (Typa or print) carbon 6. COLOR OR RACE 7. MARRIED 5 SEX * pue WIDOWEDT event, Female 10a. USUAL OCCUPATION (Give kind of work pllysician remove dona during most of working life, even if ratired) House wife 13. FATHER'S NAME please ding | Richard Ellis affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unkown) (If yas give war or dalas of service PART I. DEATH WAS CAUSED BY: hospital or attending physici IMMEDIATE CAUSE (a) the burial-transit DUE TO (b) gave rice to immediate cause **DUE TO** (a), stating the underlying CERTIFICATION S 0 20a, ACCIDENT WAS UNDERLYING DIRECTOR: After this of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Whila Hour a.m. 21. I certify that (I) (this hospital), attended should State D saw the deceased alive on 22a. SIGNATURE FUNERAL 22c. PHYSICIAN'S NAME (Typa) # death.
O FUI
directo 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify)

VR A15 (4)

15M 9/60

'ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution ce before admission a. STATE St. Mary MARYLAND Maryland C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give naerest town) davs Leonardtown Rural 9. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO. Yeel 4. DATE Month Middle Last OF DEATH 61 rances Graves Sentember IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (If yours I IF UNDER 1 YEAR NEVER MARRIED last birthday) Months Days DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Home U.S.A. Marvland 14. MOTHER'S MAIDEN NAME Mary Lavinia Knott 16 SOCIAL SECURITY NO. 17, INFORMANT Addrass Mrs Margaret M. Abell Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a, PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) 20d. INJURY OCCURRED factory, streat, offica bldg., atc.) Not While at work at work 19. that (I) (we) last the deceased from ., and that death occured atM, from the causes and on the date stated above. DATE ATTENDING MED. STAFF DIRECTOR PHYS. 22d. ADDRESS Charles Greenwell M.D. Leonardtown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) /6/61 INXXIIXXXI Sacred Heart Burial Bushwood 25a, REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE '61 arthur S. Kraus W. Clarke Mattingley Leonardtown, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH



, .	HACE OF PEARL	ZODANI.			II o matrix be	Es a OF		6 IF 1	Reg Dist N	644
	LACE OF DEATH			MARYLAND	2. USUAL RESID	ENCE (WI	tere deceased live	d IF institution b. COUNTY		rore-demission)
		Mary's		7		Maryl				har <u>les</u>
10	RURAL and give ne		s, write	c. LENGTH OF STAY IN 16			iutside corporate		RAL and give r	negrest fown)
	Leonard				hura		ghesvil.	le,		
C	OR-INSTITUTION	AL (If not in hospital, g			d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM
	_ .	St. Mar	y's	<u> Hospital</u>]		-			YES NO
3. P	NAME OF DECEASED	Fire	it	Middle	Lasi		4. DATE OF	Monti	h I	Day Year
_	Type or print)	Bab		Boy	Griff	inh	DEATH	Sept.	10	
i. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	1	9 A	GE (In years out birthday)	Months Doy	KR IF UNDER 24 H
	Male		WIDOW		Sept.10	.1961		yrs	William Dby:	9 50
10o.	during most of work	N (Give kind of work of	lone 10b	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPL	ACE (Stote	or foreign countr	y}	12 CITIZEN	OF WHAT COUNT
					ľ		ryland		U	S.A.
3. [FATHER'S NAME				14. MOTHER'S					
	Edwa	ard Vinson	Grif	fith	Marga	ret A	nn Raley	7		
S. Y	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT			Addre	955	
į - wa,	, no, or unknowny	T yes, give war or oares or se	HY(CB)		Father			Same as	# 2	
Ī	IB. CAUSE OF DEA	TH Enter only one co	use per-l	ne for (o), (b), and (c)/	1			<u> </u>	l IN	ITERVAL BETWEEN
1		H WAS CAUSED BY.		23 1 inchon	Chil				OI	NSET AND DEATH
1	C11 -	IMMEDIATE CAUSE (o			A					
	Conditions, if on	ou subsects X	1/-	-na Tu	- 6					
1	gove rise to in	mediate	X	- romatu	0					
-	couse (a), stating t		()	na alu						
z I		J (c)		CONTRIBUTING TO DEATH BU	I NOT RELATED TO	THE TERM	NAL DISEASE CO	INDITION OVE	NAN PART I(a)	19 WAS AUTOP
3	9	Tool of	las	en to la	N. O. L.	(7	MA	. 7)	PERFORMED?
ᇍ	20a ACCIDENT WA	LNDERLYING D	20h. DES	CRIBE HOW INJURY OCCURR	FD. (Enter notice of	DELLA ID	Port Lor Port II o	f item 18.)	/	113 🔲 140 (
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH			(2.000					
		Month, Doy, Yes	r 204 1	NJURY OCCURRED 200. P	LACE OF INJURY (I	lome form	206 ICHA or 1	awa)	(Count	y) (Sto
MEDICAL	Hour o. m	19	White	Not while fo	octory, street, office	bldg , etc)	044)	(~0011	y) (310
ξ	, p. m.	la la	of wor	k ot work			-			
1	21 I certify the	at I attended the	deceas	sed from	, 19	, ta		, 19,t	hat I last so	aw the deceas
-	alive an		_, 12_	, and that deat	h accurred at		M, fram the	causes and	on the da	ite stated aba
	}/	0/0	Ω				ADDRESS (Street	city or town s	tota)	DATE SIGN
	ACTUAL SIGNATURE	Avant-	11 VC	anne	M.D	Kul	eu-l	N	4	7/'/
	PHYSICIAN'S		١٨		11.	1		17	41	
	NAME (Type)	AULD C	, IV	10554MM	MI	cha	accert	Se	7 4	
220.	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY .		22d. LOCATION	(City, town, o	r county)	(Stote)
		9/11/61		St. Aloysius			Leonar	dtown.		Md.
				ADDRESS		24a. REC'	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	
awi t										
	.Clarke Me	ttingley	Leon	ardtown Maryl	and	DATE	FA 1 5 161	10	Dung S. K	Mark

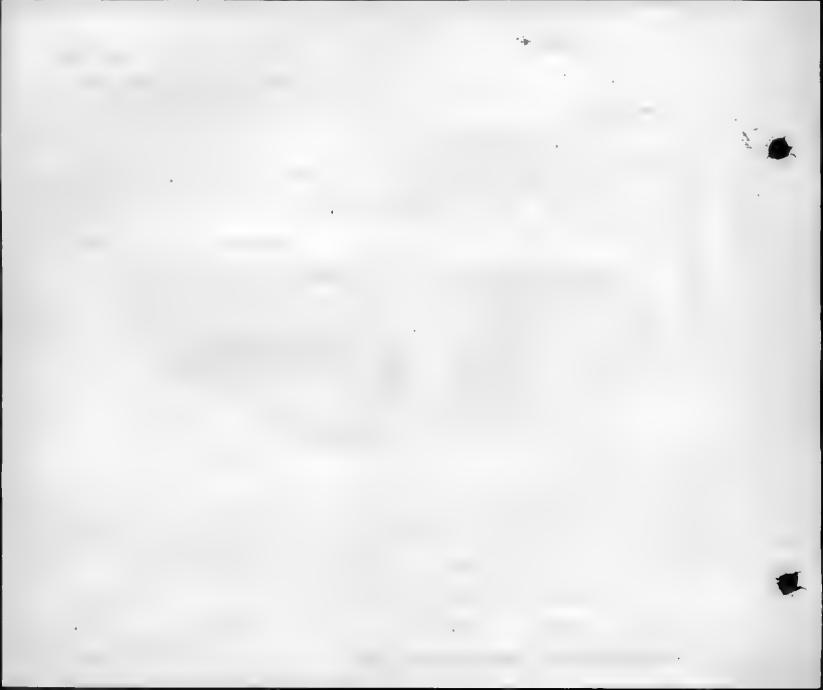
MADVIAND STATE DEPARTMENT OF HEALTH_BALTIMORE 18

rs after death. Page 4

TO HOSPITY AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hydromoy be racked by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers Pages 1 and the registrar prior to burial, crematian, or remaval, and in ony event within 72 hours offer death.

VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH

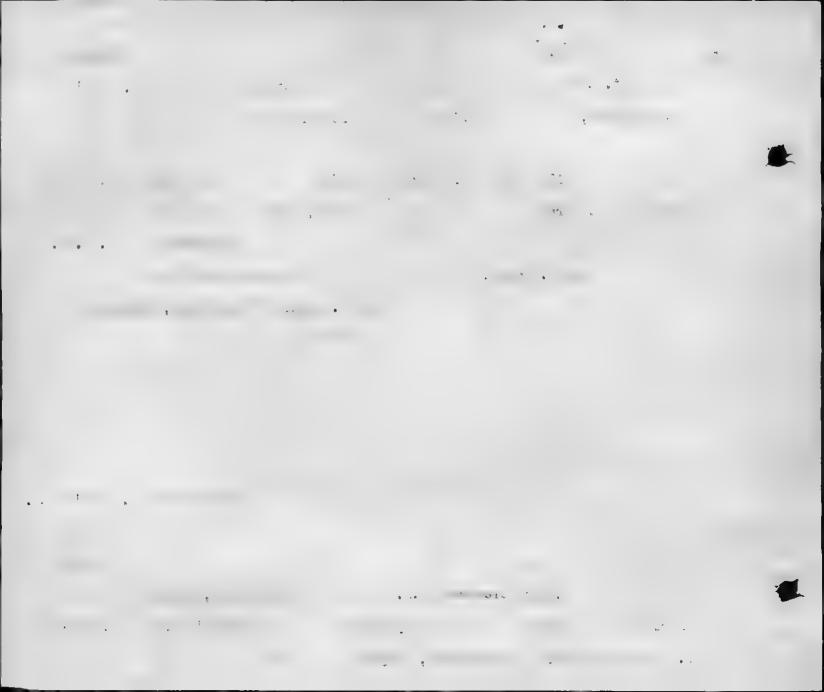
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

a. STATE	b. COUNTY
6. SIAIC	
WARKLAND MARKLAND MARKLAND	St. Martin
b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (if outside co	
T	
	La. IS RESIDENCE
B. CITY OR TOWN IF outside corporate immts, write RURAL and give nearest leven) Leonardtown, distress Adverse address; NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give three address) NAME OF First NAME OF COLOR OR RACE[7, MARRIED NEVER NEV	ON A FARM?
1. PLACE OF DEATH 2. COUNTY 3. COUNTY 3. COUNTY 3. COUNTY 4. COUNTY 5. COUNTY 5. COUNTY 5. COUNTY 5. COUNTY 5. COUNTY 6. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7. NAME OF DECEASED 6. COUNTY 7. MARRIED 7. M	YES NO T
	Month Day Year
PLACE OF DEATH S. COUNTY S. MARYLAND D. CITY OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH AND TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limit, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limits, write RURAL and give nearest fown) LOTH OR TOWN [if outside corporate limits, write RURAL and give nearest fown) May 19, 1928 9 AGE (in years if UNDER YILL And STREET ADDRESS 14. DATE OF BRTH 9 AGE (in years if UNDER YILL And STREET ADDRESS) 15. SATHER'S NAME 16. MAY 19, 1928 18. CAUSE OF BRTH 19. AND THE STREET ADDRESS 19. AND THE STREET ADDRESS 10. AND THE S	H Sentember 26. 19 61
	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
TOB. USUAL OCCUPAT ON (G.ve kind of work done during most of working life, aven if retired)	or fora gn country) 12. CITIZEN OF WHAT COUNTRY
	aryland U.S.A.
John H. Heyden . Mery Doro	thy Noland
(Yes, no, or unkown) [[fyasgivawarordatesofsarvica]	
1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	
PART I DEATH WAS CAUSED BY: Drowling memoria	
1/491 \	
M	
to the state of th	
> DIE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	The Register of Death Hands of Course Business or industrial Business and give neutral give neutral and give neutral and give neutral and give neutral give neutral and give neutral give neutral and give neutral and give neutral and give neutral give neutral and give neutral give neutra
AT AT A T A T A T A T A T A T A T A T A	
200 ACCIDENT WAS UNDERLYING 13 . 206 DESCRIBE HOW INTURY OCCURED (Fotal pathers of intury in Part Lot Part	
OR CONTRIBUTING CAUSE OF DEATH	a we want the f
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (C	(State) (County) (State)
Hour a.m. While Not While	NARDTOWN ST. MARY'S Md.
	China
	g .
saw the deceased alive on 39	
228. SIGNATURED ATTENDING MED	C. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) Leonardtown d STREET ADDRESS Last Last A. DATE OP DEATH Soptember 26, 19 61 DATE OF BRYH May 19, 1928 11, EIRTHPLACE (County & Stale, or fore an country) Maryland A. MOTHER'S MAIDEN NAME Mary Dorothy Noland Address The Hayden Maryland Marylan
Charles Seconnel M.D. PHYS. DIRECTOR	
Charles Groenwell M.D. Leonardto	wn. Maryland.
BEHOVA (Special	7
Burial 9/30/01 Our Ladys Chapel Med	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REG	ISTRAR 256. REGISTRAR'S SIGNATURE
W. Clarke Mettingley Leonardtown, Maryland DATGCT 4 '6	1 arthur S. Home

TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executely within 24 hours after death. The 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Them please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing? I hours after death. 15M 9/60



VR A1S (4) 15M 9/59

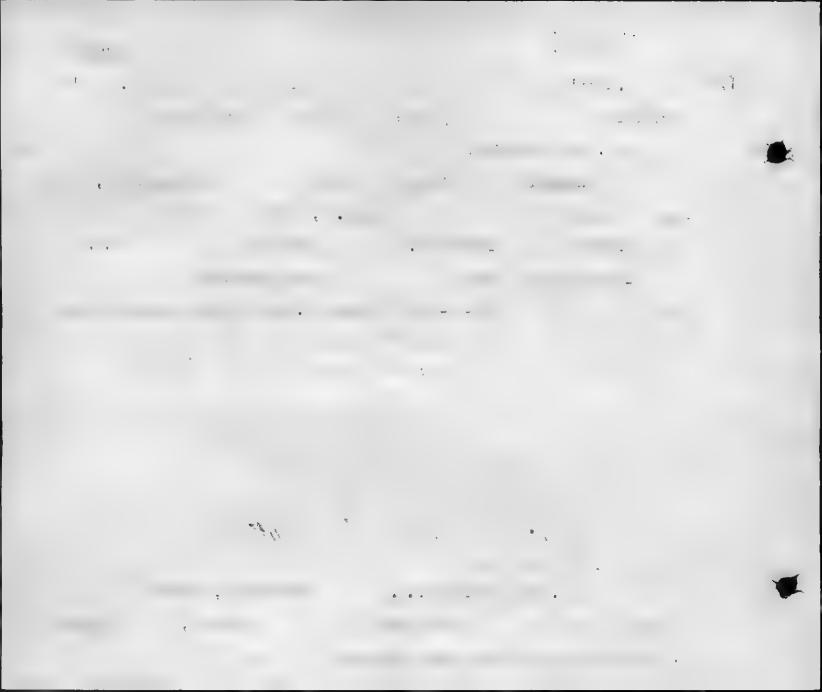
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10652	CERTIFICA	TE OF DEATH	i wk	10040
D. COUNTY	*******	a. STATE	here deceased tived If institution b. COUNTY	
St. Marys	MARYLAND	Maryl	and	St. Marys
 CITY OR TOWN (If autside carparate limits, wr RURAL and give nearest tawn) 	ite c LENGTH OF STAY IN 16		outside corporate limits, write RU	IRAL and give nearest tawn)
Leonardtown			rdtown	in preinchies
d. NAME OF HOSP TAL (If not in haspital give stor or institution St. Marys Ho		d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO 🔂
NAME OF First	Middle	Last	4. DATE Month	h Day Year
(Type or print)Brother Danie	Herbert C.F	. X .	DEATH Septer	
		8. DATE OF BIRTH	9. AGE (n years)	IF UNDER 1 YEAR IF UNDER 24 HRS
	OWED DIVORCED	August 1.	1880 8281 yrs	Manths Days Haurs Min
On USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Teacher	School	Irela	nd	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Stephen Shi	ine	Mary	Sullivan	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (f yes. give war or darks of service)	16 SOCIAL SECURITY NO. 17 H	NFORMANT	Addre	ess
no ———		Bro. John.	C.F.X Leor	nardtown. Md.
18. CAUSE OF DEATH Enter only one cause p	er line far (a), (b), and (c)]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Route	Mongologons	ou Gubio.	ONSET AND DEATH
204,2 DUE TO		10	the state of the s	
Canditions if any which \				
gove rise to immediate				
lying cause last.				
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
				YES NO
206. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
<u> </u>	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City ar tawn)	(Caunty) (State
Haur a.m.	/hi e Nat while fa	ctory, street, affice bidg , etc	c.)	
21 I certify that (I) (this haspital) at		9-6 19	61.10 9-12	, 194L, that (i) (we) las
			M, from the causes and	d an the date stated above
220 S.GNATURE	12 (ATTENDING M	IED STAFF	9/13/61 DATE
22c PHYS CIAN S	1. 27	M.D PHYS D	IRECTOR PHYS	0, 10, 01
NAME (Type) Wm. D. Boyd.	MD /		onardtown, Me	d.
23a. BURIAL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town, a	
REMOVAL (Specify)				7.50
Burial 9/15/61	Xaverian Br	os. Cemeter		TRAR'S SIGNATURE
To Dolunes				Eur & Kraus
To the Koningon - Li	onardtown. Ma	DAIL	10 10 161 Club	hur S. Thalle



ARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECO RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, f 'nstitution: Residence before admission) funeral I. PLACE OF DEATH e. COUNTY b. COUNTY St. Mary's St. Mary MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) = Colton Point 32 days Leonardtown Rural led d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , give sfreet address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Y St. Mary's Hospital NAME OF 4. DATE Middle complet DECEASED OF DEATH (Type or print) 19 61 Pinkey Hogue September Marshall within and cor 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE IIn yeers HE UNDER 1 YEAR IF UNDER 24 HRS. last b rthdey) Months Devs Hours WIDOWED [DIVORCED T Sept. 1, 1899 Male physician eve 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY гетомет done during most of working life, even If retired) Gas Attendent U.S.A Diamond Cab. Co Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding William Daniel Clara Cheseldine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detectof service) Florence A. Hogue Colton Point, Maryland 18. CAUSE OF DEATH (Enter only one couse ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which peen [b] geve rise to immediate cause DUE TO (e), steting the underlying has PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 1 19. WAS AUTOPSY certificate PERFORMED? hospital 93 NO use 206 ACCIDENT WAS UNDERLYING ___ 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of Item 18)
OR CONTRIBUTING __ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) for Fhe R: Affer this detached for 2Dd, INJURY OCCURRED 2De PLACE OF NJURY (Home, farm, 201, (City or lown) (County) (State) 20c. T ME OF INJURY Month, Dev. Yeer fectory, street, office bidg , etc.) While Not While at work at work 4 may be retaine DIRECTOR: 3 shou'd be del D. m. 21. I certify that (I) (this hospital) attended the deceased from , from the causes and on the date stated above. , and that death occured at saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHY 5. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Samadi Surgeon M.D. Leonardtown, Maryland filed \ 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 236 DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY Burial (Specify) 0:48 Sacred Heart Bushwood. Maryland **ADDRESS** 250, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland DATE OCT 4 Corner & Tyana



10654 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution a. COUNTY b, CITY OR TOWN (I) olls de corporete limits, write RURAL and give neerest town) St. Mary's MARYLAND c. CITY OR TOWN It outside corporate i mits, write RURAL and give nearest town) and c. LENGTH OF STAY IN Th þ .<u>=</u> – Life Hollywood
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite , g.ve street address) Hollywood 3. NAME OF Middle 4. DATE paper DECEASED OF (Type or print) Hillary DEATH September 15 Eccleston Jones 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In yours IF UNDER 1 YEAR lest birthdey) Months | Deys Male WIDOWED T White D VORCED Oct. 10. 1867 physician TDe. USUAL OCCUPATION IG ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Farmer St. Mary's U .S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending pue Edward S. Jones Catherine Joy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | [[fyes give wer or detes of service] Mrs. Mosher Hollywood, 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), end (c).] Careinoma of Investate PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse DUF TO (e), steting the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY certificate arterios deros ?. 200. ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm. 2Dl. (City or fown) (County) lectory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Af el work et work #067.15 , 1961, that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from July 25 1958 to saw the deceased alive on . . Vett. 22e. SIGNATURE ATTENDING M.D | PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Leonard town, Ind. death. 238. BURIAL, CREMATION, 236. DATE THEREOF . 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) REMOVAL (Specily) z Joy Chapel Cemetery Hollywood Burial 9.18. 1961 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR . 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE SEP 21 '61 15M 9/60 W. Clarke Mattingley, Leonardtown Maryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

MARYLAND STATE DEPARTMENT OF HEALTH

RESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM? YES X NO

19 61

IF UNDER 24 HRS.

Mours

Md.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

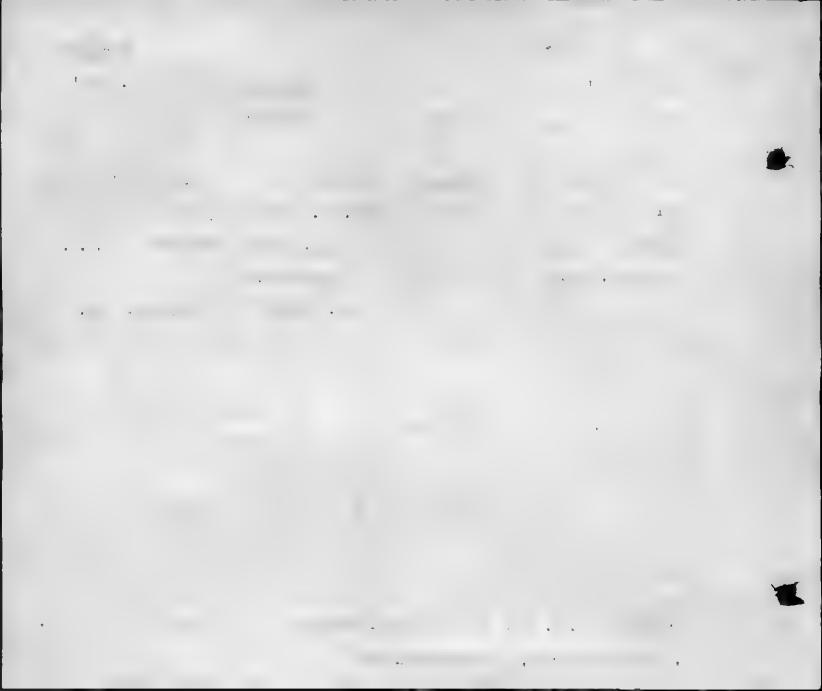
NO DE

22b. DATE

(Stete)

Md.

SIGNED



VR A1S (4) 1SM II/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

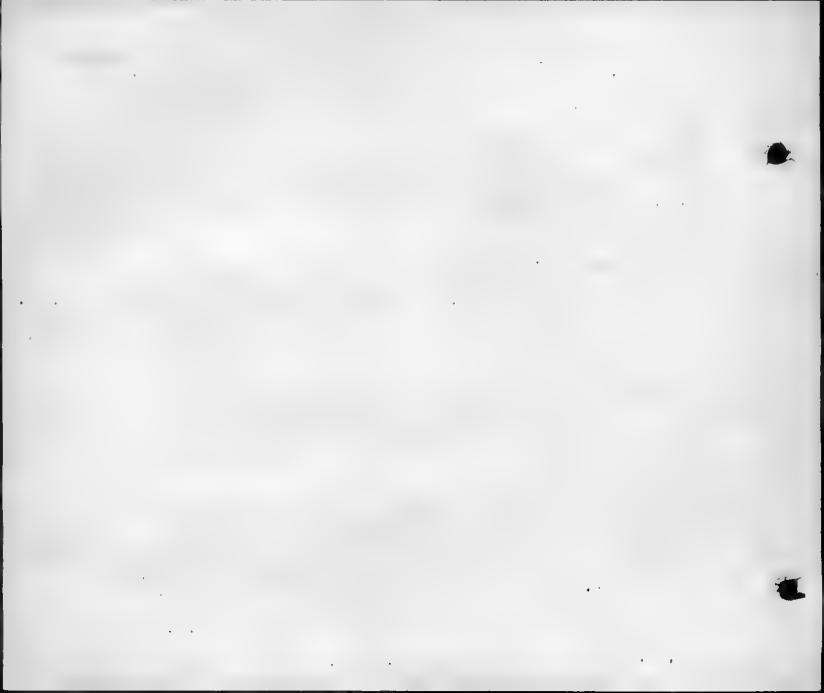
10655 CERTIFICATE OF DEATH

		<u> </u>			2.A.Q
PLACE OF DEATH O. COUNTY	MA DWI AAND	2. USUAL RESIDENCE (W	here deceased lived If in	St. Mar	of James or)
St. Marys	MARYLAND	Maryla	end	St. Mar:	J - T
 b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) 	vrite c, LENGTH OF STAY IN 16	CITY OR TOWN (If	outside corporate limits v	rrite RURAL and give ne	earest town)
Hollywood		X Holly	wood		
d NAME OF HOSPITAL (If not in hospital give a OR INSTITUTION	street oddress)	d. street Address			e. IS RESIDENCE ON A FARM?
Rural		Rura	1		YES NO
3. NAME OF First DECRASED	Middle	Lost	4. DATE OF	Month D	ay Yeor
(Type or print) Benjamin	Louis	Jov		tember 7	1961
S. SEX 6. COLOR OR RACE 7		B. DATE OF BIRTH	9 AGE (In lost birth	years IF UNDER TYEA	R IF UNDER 24 HRS
male white we	DOWED DIVORCED	July 16,		yrs. Months Doys	Hours Min
10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	F WHAT COUNTRY
Farm labor	Farming	Maryla	end	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
George A. G	Joy		Lillie	Love	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes. no. or unknown) (If yes, give werr or dates of service		FORMANT		Address	
no	Mi	chael L. Jo	oy - Ridge	Marylan	đ
IB CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c)-	- 1 h			ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Caronay 7	Wrombosce		0.1	JET AND DEATH
420.) DUE TO					
Conditions, if ony, which } (b)					
gove rise to immediate DUE TO					
lying cause lost. (c)					
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITI					YES NO
	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Part I or Port II of item 1	8.)	
3 20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, for		(County) (Stote
	While Not while too	ctory, street, office bldg., et	c.)		
		Jobt 2 19	61 5017	7 106/	h=c215 2: -5 1
21. I certify that (I) (this haspital) a			10 1 to 22/1		hat (I) (we) las
saw the deceased alive on 220. SIGNATURE	Lacard 1791, and that d	leath accurred at	M, fram the cause	es and an the dat	e stated above 22b.DATE
Wales Tree "	well -	M.D PHYS X D	AED. STAFF	9/	7/61 SIGNED
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS			
	reenwell, MD	Le	onardtown,	Maryland	
230 BURIAL, CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City,	town, or county)	(Stote)
Burial 9/9/61	St. Aloysi	us	Leonard	town, Mar	yland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC		REGISTRAR'S SIGNATE	JRE
P.B. Robinson - Le	eonardtown, Md.	DATE	0.1.1.101		

Circums, L. Throad

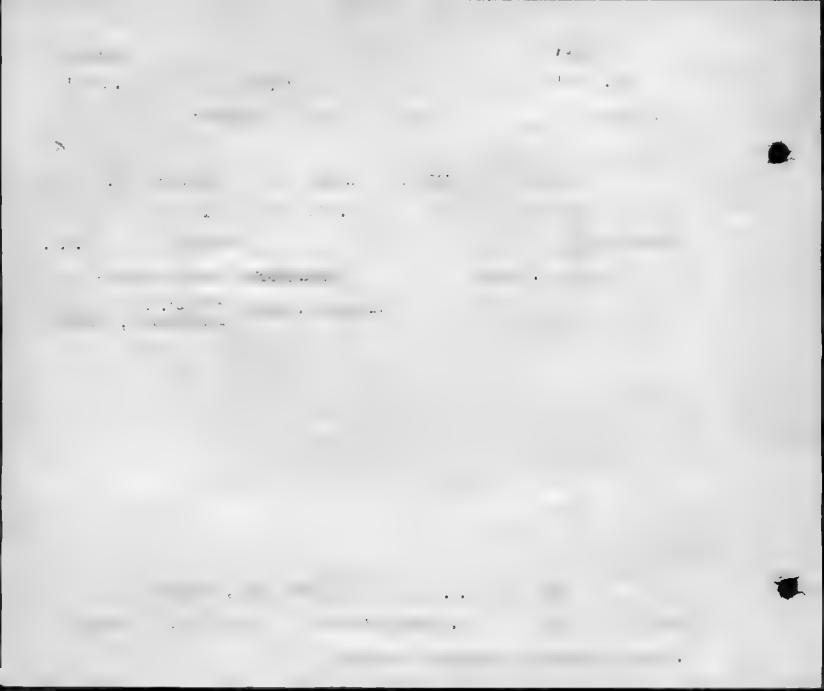


1 .	tem 18 Film 295 9-22-MARYLAND STATE DEPARTMENT OF HEALTH
TAN .	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
director,	1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence bench country in the count
funeral outleters	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest lawn) Patuxent "iver" c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Lexington Park
45 E E E E	d. NAME OF HOSPITAL (If not in hospital, give street address) Station Hospital, USNAS d. STREET ADDRESS ON A FARM? YES NO P
The stand	3. NAME OF DECEASED (Type or print) Donald Jeffery OCH Dose DeceaseD (Type or print) Donald Jeffery OCH Dose DeceaseD (Type or print) Donald Jeffery OCH Dose DeceaseD (Type or print)
ed within 2 spletely fille ers Pages after death	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: Male Cauc WIDOWED DIVORCED September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 8, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours In yours IF UNDER 24 HR: September 9, 1961 9 AGE (In yours
execute 1d camp n popel haurs c	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA NA NA NA NA NA NA NA NA N
ician ar e carba ithin 72	13. FATHER'S NAME Robert Andrew OCH Lois Bernice CATO
ng physicia e remave co event, within	is was deceased ever in u. s armed forces? 16. Social security no No (14 year, give wor or doles of service) NA Father: 75 Coral Place, Lexington Park, Mo
vires that the death gned by the attendin permit. Then please emaval, and in any e	18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: MACROSOMIA (maternal diabetes mellitus) MACROSOMIA (maternal diabetes mellitus) Canditions, if ony, which (b) (b) (b)
faw requirence of the control of the	Couse (a), stating the under- Second Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
AN: The ending plus principle particular particular particular particular principle particula	YES NO [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH
PHYSICI all an ath his certifi use as to burio	20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while of wark
NDING e haspire . After t ched for	21 I certify that (I) (this hospital) attended the deceased from 8 September 61, to 8 September 61, that (I) (we) lass say the deceased alive on 8 September 61 and that death accurred of P M, from the causes and an the date stated above
R ATTE	Local C. Knowledge M. D. Attending & Med Director Staff 8 September 18965
RAL DIS Shauld e Board	22d. ADDRESS Station Hospital, USNAS WITTITEM C. BRADLEY LT MC USNR 22d. ADDRESS Station Hospital, USNAS Patuxent River, Maryland
o HOSF may be o FUNERAL page 3 shau the State Bo	23d BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) BURIAL 12 Sep 1961 ARIJNGTON NATIONAL CEMETRY FTT MYER, VIRGINIA 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D 87 REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9759	24 FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS 1400 CHAPIN ST., WDC. DATE 49 61 WILLIAM ST.
	SEP 13'61 arthur & thous



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/ul iwk . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution a. COUNTY e. STATE b. COUNTY St. Mary's MERVIAND Maryland St. Mary's b, CITY OR TOWN (if outs'de corporete imits, c. C TY OR TOWN (If outside corporate l'mits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 ₽ 등취 write RURAL and give neerest town] Leonardtown Rural days Callaway d. NAME OF HOSPITAL OR INSTITUTION (if not hospital, a ve street eddress) STREET ADDRESS . IS RESIDENCE ON A FARM? YES 💢 NO St. Mary's Hospital 3. NAME OF 4. DATE Midde Month paper n 72 DECEASED complet OF (Type or print) DEATH William September Thomas Radman 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In yeers IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) and Months Days Hours Male White WIDOWED K DIVORCED 27, 1880 yrs. sician 100. USJAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 47m 1 Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 040003000000000 Margaret Lucille Clark ᆲ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) i (If yes give we ror detes of service) 3823 St. Victor Street 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), eve (c). Baltimore 25. Mary tand att PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** geve rise la Immediele ceuse DUE TO (e), stating the underlying certificate h≡ rr use as the ! WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B. PERFORMED? S 5 NO T 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IN URY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20s, PLACE OF INIJRY (Home, ferm, 20f. (C'ty or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 Q.L. that (I) (47e) last 21. I certify that (I) (this hospital) attended the deceased from...... and that death occurred at 11.24M, from the causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE ATTENDING Z DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYNC AN'S NAME (Type) Great Mills, Maryland director, F James Jarbor M.D. 23d. LOCATION (City, town or county) 230, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 30/61 St. George Episcopal Valley Lee. Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE OCT 4 arthur S. House 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10658 CERTIFICATE OF DEATH

1. PLAC o "CC	St. N	fary's		MAR	YLAND	o. STATE	ence (Whe		l lived. If institut b. COUNTY		Ware	ry Gion)
[b, Cl	TY OR TOWN (H	r autode corporate limi	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	OWN (If ou	itside corpo	rote limits, write I			town)
	atuxent			31/2 Days	3	Upr	oer Da	arby		7		X —)
d. N/	AME OF HOSPIT	AL (If not a hospite), g Station	ive street o	ddress)		d STREET A	DDRESS			-	e 19	RESIDENCE
		River. M	arvla	nd	10,	236	Powe	11 L	ane			S NO X
3. NAM	LE OF	Fir	st	Middle		Las		4. DATE OF	Mo	nth	Day	Yeor
	or print)	Samu	el	Fogg		RUDOLE	PH Sr.	DEATH	Ser	tembe	r 1'	7 19 61
S SEX		6 COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	8. DATE OF BIRTI	-		9. AGE (In years lost birthday)	IF UNDER	1 YEAR IF	
M	lale	Caucasian	WIDOWE	D DIVORCE	D	23 Dece	ember	1898	62 yrs.	Months	Doys He	ours Min.
10a. USI	UAL OCCUPATION	N (Give kind of work of ing life, even if relired	done 10b. F	CIND OF BUSINESS C	OR INDUS	TRY 11 BIRTHPL	ACE (Stole o	or foreign co	ountry)	12 CITI	ZEN OF WH	AT COUNTRY?
Ceme	tary Su	perindent	ant				Penns				U. 5	3. A.
13. FATH	HER'S NAME					14. MOTHER'S	MAIDEN N	AME		<u> </u>		
Th	omas (n) RUDOLPH	(De	ceased)		Ar	nie H	IIRST	(Decea	sed)		
		R IN U.S. ARMED FOR		OCIAL SECURITY NO	17 IN	FORMANT			Ado	Iress 909	-A. N	10Q, USN
N		in yes, give wor or eares or s	, , , , , , , ,	nknown	San	mel Foe	e RUI	OLPH.	Jr. Pat			
18.	CAUSE OF DEA	TH [Enter only one co	use per line	e for (o), (b), and (c)					al, Due		INTERVA	L BETWEEN
		TH WAS CAUSED BY:					-		,			Days
	1	DUE TO	AT VE	110801610	<u> </u>	VCDGC 1	, (4414141				7/-	
	onditions, it o	Auto V										
	ove rise to in										ļ	
	use (o), stating : ng couse lost.	the Olight										
) (c IER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMIN	VAL DISEAS	CONDITION GI	VEN IN PAR	1 1(p) 19 V	VAS AUTOPSY
CATION											P	ERFORMED?
	ACCIDENT WA	S LINDERLYING IT	20h DESC	RIBE HOW INJURY C	CCURREN) (Enter noture o	E injury in Pr	ort Lor Pari	II of item 18.1	_		3 C NO IX
O (IF 6	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				ri (Line) Herete e	,,					
WEDICAL 20c	Hour o. m.	Y Month, Doy, Yes	or 20d IN While	JURY OCCURRED		CE OF INJURY (I			or town)	(0	ounty)	(Stote)
WE _	p. m.	19		Not while				1				
21	I certify tho	t (I) (this hospital) attende	ed the deceased	fram	9-14	196	ilto_	9-17	161	that	(1) (1478) last
		ed alive an							the causes or			
	SIGNATURE	1 (1)	7/	1								22b DATE
		n //wa	lw	7		M.D. PHYS.	G MEI	D RECTOR []	STAFF PHYS	17	Septe	ember 6
22c.	PHYSICIAN'S			>		22d. ADDRI	SS				-	
N	NAME (Type)	UGHERTY.	LT M	USNR		\$tatio	n Hos	spita:	L, USNAS	, Pat	uxen	t River
	R AL, CREMATIO		F	23c. NAME OF CEM	ETERY OF				ION (City, lown,			(State)
REA	MOVAL (Specify)	9/21/6		Friends				Upp	95 91		enn.	, ,
	ERAL DIRECTOR		aho	ADDRESS		11 CD CCI.	2So, REC'D	BY REGIST	RAR 256 REG	ISTRAR'S SIG		
Ge	eo. C.	Toppitzer	. Un	per Darb	y, I	a.	DATE SE	P 2 0 '	61 0	lithur S	thrus	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10659 CERTIFICATE OF DEATH director 2. USUAL RESIDENCE (Where deceased lived If institution Residence bits academ PLACE OF DEATH n. COUNTY o. STATE filed b. COUNTY MARYLAND Mary Mary eral b CITY OR TOWN (If autside carparate limits, write be c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) California D d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (Rural) YES NO Mary's Hospital NAME OF Middle 4. DATE Year Lost Month DECEASED Smith DEATH September (Type or print) Theo 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Days DIVORCED [WIDOWED 17 papers. Female December 3 10a. USUA. OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stote or 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Bindrev Operator 11,50 pan 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 . = physicion Theador Renois Katherine remove Spurlin WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT No attending Unknown illevCalifornia please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Curone Conditions, if any, which (b) permi gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate 20c TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) Dov. Yeor 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at work 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1.17 4 4.19 , and that death accurred at 1.4M, from the causes and an the date stated above. DIRECTOR 220 SIGNATURE 22b, DATE ATTENDING PHYS SIGNED MED DIRECTOR STAFF ō. þe M.D 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) H. Patrick Lexington Park FUNERAL Maryland 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 236 DATE THEREOF 23d LOCATION (City, tawn, ar county) (Stote) REMOVAL (Specify) Fort Lincoln Bladensburg Buri 0 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE SIGNAT 25a. REC'D BY REGISTRAR VR A15 (4) arthur & House 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 1SM 9/59

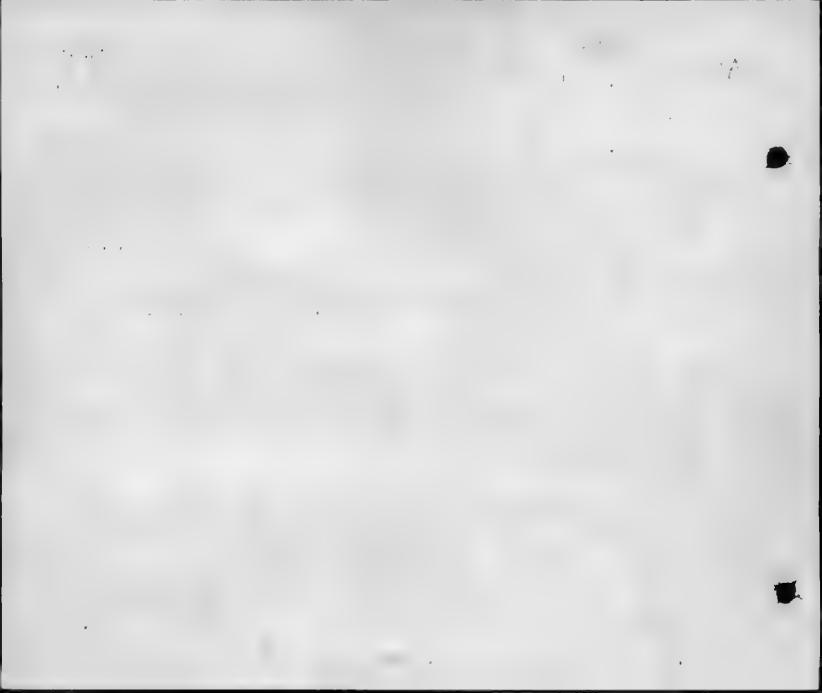
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1. PLACE OF REATH O. COUNTY St. Marys MARYLAND b. CITY OR TOWN (if sounds copared limin, wile cut of control of the county) b. CITY OR TOWN (if sounds copared limin, wile cut of county) c. COUNTY St. Marys MARYLAND C. CITY OR TOWN (if sounds copared limin, wile cut of county) d. COUNTY		-2 ,	S.O. A.A.		CERT	IFICAT	E OF D	ATH					
S. S. Marys S. Mar	1.	PLACE OF DEATH					2. USUAL RESID	DENCE (Wh	nere deceased liv		in: Resignate	654	ssion)
Leonardtown	L		St. Marys	}	М	ARYLAND		aryla	and	0. 0001111	St. M	arys	
d NAME OF HOSPITAL (If not in hospital), give street oddress) Rural 3 NAME OF DECRASED RURA 3 NAME OF DECRASED RURA 3 NAME OF DECRASED RURA 4 COLOR OR RACE 5 NAME OF DECRASED RURA 5 SEX Male 4 COLOR OR RACE 5 NAME OF DECRASED RURA 5 NAME OF DECRASED RURA 6 COLOR OR RACE 7 NAME OF DECRASED RURA 8 DATE DEATH September 5 19 6 8 DATE OF BIRTH September 5 19 6 8 DATE		RURAL and give n	earest town)	ls, write	c. LENGTH OF S	TAY IN 16	V -	,	_	limits, write RU	JRAL and give	nearest to	wn)
OR INSTITUTION RUTA 3 NAME OF DECLASED WILLIAM DOTOR FRANTY SPECIAL SECURITY NO. 17 SARVED NAME OF BUSINESS OR INDUSTRY 1. BUTHPLACE (Sight or Foreign country) 100 USDAL OCCUPATION (Cove kind of work done) 100, KIND OF BUSINESS OR INDUSTRY 1. BUTHPLACE (Sight or Foreign country) 112 CITIZENO WHAT COUNTRY RETURNED BY FAIL OF BUSINESS OR INDUSTRY 1. BUTHPLACE (Sight or Foreign country) 123 FATHER'S MANNE 134 MOTHER'S MAIDEN NAME 145 MOTHER'S MAIDEN NAME 155 WAS DECLASED BY IR NO. 12 ARMED FORES? 165 SOCIAL SECURITY NO. 12 ARMED NAME 156 WAS DECLASED BY IR NO. 12 ARMED FORES? 165 SOCIAL SECURITY NO. 12 ARMED NAME 157 WAS DECLASED BY IR NO. 12 ARMED FORES? 165 SOCIAL SECURITY NO. 12 ARMED NAME 158 CAUSE OF DEATH WAS CAUSED BY IN. 12 ARMED FORES? 165 SOCIAL SECURITY NO. 12 ARMED NAME 159 WAS DECLASED BY IR NO. 12 ARMED FORES? 165 SOCIAL SECURITY NO. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced deviced by In. 12 ARMED NAME 160 USDAL OCCUPATION (Seve kind of work done) deviced deviced deviced deviced deviced deviced by In. 12 ARMED NAME (Proposition of the Name Name Name Name Name Name Name Nam	┝			ive street or	delegan				GCOMIT			T - 45 B	ESIDENCE
DECEASED (Type or pint) S. SEX G. COLOR OR RACE MARRIED NEVER MARRIED NOTO NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED		OR INSTITUTION		, re 3/1661 Oc	201633)								
September 5 9 Action September 8 Actio	3		Fir	'si	Mic	ddle	Last		4. DATE	Mont	th	Day	Yeor
S. SEX S. COLOR OR RACE NARRED NEVER MARRED NEVER MARRED S. DATE OF BIRTH PUNDER 1 No. 1			William	1	Jacks	מח	Snal	ding		Sent	ember	5	19 6
Martine White Widowed Divorced September 8, 1893 67pm. Months Doys Mours Min.	5.	SEX	4						9	AGE fin years			-
10. USUN OCCUPATION Give kind of work above 106. KIND OF BUSINESS OR INDUSTRY [II. BIRTHPLACE (Siele or Foreign country)] 11. CITIZEN OF WHAT COUNTRY during not one working a several country of working or work		molo	1130 d d a		_		Sontomi	oon s			Months Do	ys Hour	rs Min.
Retired Blectrictiblec.& Gas Utilty Maryland 13. FATHER'S NAME Harry Spalding 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT LUCY Loker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT Address Wm. Aleck Loker - Leonardtown, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART I DEATH WAS CAUSED BY INMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), toloing the under: (b) Conditions, if only, which gove rise to immediate (b) Conditions, if only, which gove rise	10	USUAL OCCUPATION	ON (Give kind of work of	done 10b. KI	hand					4-1	12. CITIZEN	OF WHA	TCOUNTRY
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Tex. por valvewey Yes W 1 OSSOI3116 Wm. AleckLoker - Leonardtown, Md. INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), storing the under: Iying couse lost under the under couse (o), storing the under live of the		<u>F</u>	Harry Spal	Lding			1		_Lucy_	Loker			
Second Company Seco		is, no, or usknown)	R IN U. S. ARMED FOR (If yes, give war or dates of si	CES? 16.30 ervice)	OCIAL SECURITY	NO. 17. INF	ORMANT		_				
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20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED While of work	ğ	PART II. OTI	HER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	INAL DISEASE CO	ONDITION GIVE	EN IN PART 1(d		S AUTOPST FORMED?
20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED While of work	S											YES [NO
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21 1 certify that (I) (this haspital) attended the deceased fram. 21 1 certify that (I) (this haspital) attended the deceased fram. 22 1 1 certify that (I) (this haspital) attended the deceased fram. 23 20 1	N. AL	20c TIME OF INJUR	Y Month, Dov. Yes	or 20d INJ	URY OCCURRED	20e PLAC	CE OF INJURY (F	iome, farm	, 1 20f. (City or	town	(Cour	ily)	(State
21 1 certify that (I) (this haspital) attended the deceased fram. 21 1 certify that (I) (this haspital) attended the deceased fram. 22 1 1 certify that (I) (this haspital) attended the deceased fram. 23 20 1	EDIC	Hour o.m.	•	While	Not while	focto	ory, street, office	bldg., etc.	.)	,	,		,-
saw the deceased alive an 5 12 bt 19 c., and that death accurred at OPM, from the causes and an the date stated above 220. 5:GNATURE 220. 5:GNATURE OLED C: M.D PHYS MED. STAFF 9/6/61 221. ADDRESS DIRECTOR DEPTHYS DIRECTOR DEPTHYS DIRECTOR DIR	×	p. m.	17	of work	Of work				1 2	0 10			
220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 220. PHYSICIAN'S NAME (Type) 220. ADDRESS 220. ADDRESS Leonardtown, Md. 230. BURIAL, CREMATION, 23b DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 230. CEMETERY OR CREMATORY 230. CEMETERY OR CREMATORY 230. COCATION (City, town, or county) 240. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE		21 1 certify the	at (I) (this haspital	<u>)</u> , attende	d the deceas	ed fram	BCL	12	6 0 ta	RAT	19.10	that (I)	(we) las
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22c. PHYSICIAN'S NAME (Type) Joseph E. Gill, MD Leonardtown, Md. 23o. Burial, Cremation, 23b Date thereof Burial (Specify) 9/8/61 23c. Name of Cemetery or Crematory Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25o. RECCID BY REGISTRAR'S SIGNATURE 25o. RECCID BY REGISTRAR'S SIGNATURE 25o. RECCID BY REGISTRAR'S SIGNATURE	Ł	220. SIGNATURE	1	10	21.11		Î						22b DATE
Joseph E. Gill, MD Leonardtown, Md. 230 BURIAL, CREMATION, 23b DATE THEREOF BURIAL (Specify) 9/8/61 Our Lady's Cemetery Leonardtown, Md, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonardtown, Md, 250 REC'D BY REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE		(Joseph	()	dill	M	.D PHYS	™ DI	RECTOR []	HYS	9/	6/61	21GNF
236 BURIAL, CREMATION, 23b DATE THEREOF BEMOVAL (Specify) 9/8/61 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (Stote) Our Lady's Cemetery Leonardtown, Md, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 RECID BY REGISTRAR'S SIGNATURE			21		J		22d. ADDRE	_					
Burial 9/8/61 Our Lady's Cemetery Leonardtown, Md, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE SEP 11 '61'			Joseph E.	<u>. Gil</u>	1, MD			Ped	onardto	M. Mo	d.		
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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Burial	9/8/61		Our	Ladv'	s Ceme	terv	Leor	ardto	wn, Md		
P.B. Robinson - Leonardtown, Mile DATE DATE OF 11 '61	24				ADDRESS	и				1		TURE	
		P.B. Ro	binson -	Leon	ardtown	. Ma.		DATE	SP 1 1 '61		ring 2. to	rando	



DIVISION OF STATISTICAL RESEARCH AND ESTON STREET, BALTIMORE 1, MARYLAND funer 1. PLACE OF DEATH Residence before admission, a. COUNTY St. Mary's KARAKE St. Mary Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) and c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) after Leonardtown 16 days Maddox 5 Rural Pages illed! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO St. Mary's Hospital 3. NAME OF 4. DATE Middle Last Month DECEASED OF (Type or print) DEATH Garnet 1961 Fannio Sep tember Swann AGE (In years | IF UNDER 1 YEAR carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey) pue Months Devs Hours Female WIDOWED X June 3 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House wife U.S.A. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zacharia Dyson Maria Herbert ā 15. WAS DECEASED EVER IN : ARMED FORCES? , 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | [If yes give wer or dates of service) Francis G. Maddox. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: g physic signed i IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geva rise to immediate cause DUE TO (e), stelling the underlying has PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY certificate PERFORMED? 5 9 NO 20s. ACCIDENT WAS UNDERLYING 1 ' 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert Lor Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this c detached for IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, (County) (Stata) retained by Month, Day, Year fectory, street, office bldg., atc.) Not While Hour a.m. et work el work may be retaine DIRECTOR: 001 å,, 19.0/., that (I) (we) last 21. | certify that (I) (this trospital) attended the deceased from...... should ., and that death occured at.......M, from the causes and on the date stated above. saw the deceased alive on.. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHY5. PHYS. eath. To 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mochanicsville. Maryland death. O FUNE director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THER Burial (Specify) Sacred Heart Bushwood. H 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) SEP 1 8 '61 15M 9/60 W.Clarke Mattingley Leonardtown, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH



urs after death. Page 4 the attending physician and campletely fille with the funeral directar. Then please remave carban papers Pages 1 and 2 shauld be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24% TO MOSP C. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be many be many be the haspital ar attending physician.

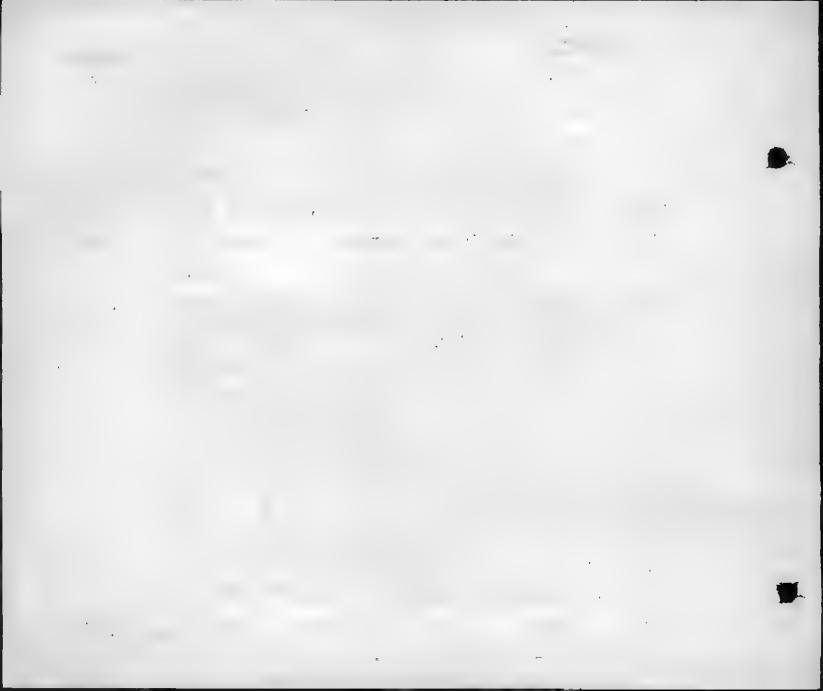
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10662 CERTIFICATE OF DEATH								
1. PLACE OF DEATH 0. COUNTY St. Marys MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence deceased lived in the state of							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MCKay Beach, Valley Lee d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MCKay Beach, Valley Lee d. STREET ADDRESS e IS RESIDENCE ON A FARM?							
Rural	Rural YES NO							
3 NAME OF DECEASED (Type or print) FLOYD ALVIN T	RUSCOTT 4. DATE Month Day Year DEATH September 10. 1961							
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.							
male white WIDOWED DIVORCED	Aug. 27, 1900 61 yrs.							
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)								
Police District of Colu	INDIA KANSAS USA							
TT A ID A A								
	Alma M. Black NFORMANT Address							
[Fish, no, or unknown]	elen B. Truscott -Valley Lee, Maryland							
18. CAUSE OF DEATH [Enter only one couse per line far (g), (b), and (c).]	INTERVAL BETWEEN							
PART I, DEATH WAS CAUSED BY A SALTA	how Insummed days							
ilori Due to								
Conditions, if any, which) (b) miles C	ranial (umo) much							
gove rise to immediate cause (o), stoting the under-lying cause lost. DUE TO (c) Bannes	hogenic Cancas year							
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 137 19. WAS AUTOPSY PERFORMED? YES NO							
200. ACCIDENT WAS UNDERLYING	D. (Enter nature of injury in Part I or Part II of item 18.)							
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED to the Hour o. m. 19 While Not while at wark ol wark to the work of the hours of the work of the hours of the work of the hours of	ACE OF INJURY (Home, farm, 20f (City ar town) (County) (State) ctory, street, office bldg., etc.)							
21. I certify that (1) (this haspital) attended the deceased fram. 9 . 1961, that (1) (we) las								
	death accurred \$1.45 M, from the causes and an the date stated above.							
20. SIGNATURE BUTCH	ATTENDING MED. STAFF PHYS. 225 DATE SIGNED							
72c. PH SICIAN'S NAME (Type)	22d. ADDRESS							
J.Patrick Jarboe, MD	Great Mills, Maryland							
23c BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY C								
Bunio 9/14/61 Arlington								
A I I / LA MINOCK	850 40 let 0 4							
Rose Robinson - Leonardtown, Md.	DAIF							

- Leonardtown, Md.



OR ATTENDING PHYSICIAN: Thm taw requires that the death certificate be executed within 24 ppurs after death. Page 4 ay the funeral director, d 2 shauld be filed with may be the formal by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10663	CERTIFICA	TE OF DEATH	H				
1. PLACE OF DEATH o. COUNTY St. Marys	MARYLAND	2. USUAL RESIDENCE (Vary		CO.111 1214	Marys	n)	
b CITY OR TOWN (If aulside carporate limits, RURAL and give nearest town) Chaptico	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II		nils, write RURAL and	give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Rural	street address)	d. STREET ADDRESS	1		e. IS RESID ON A F YES	ARM?	
3. NAME OF First DECEASED (Type or print) ETHET,	Middle W.	ARING Lost		Month September		61	
7179 4 4	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AG lost	E (In years IF JNDE birthday) Manths 72 yrs	Days Haurs	24 HRS Min.	
100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU Domestic	1	city, Miss		USA	UNTRY?	
13. FATHER'S NAME	· on	14. MOTHER'S MAIDEN		With a second			
Sigismond K 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT James	Ethel Waring -	Address - Chaptic	o Ma		
PART 1. DEATH (Enter only one cause PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (c)	Earein	metas		· nistr	INTERVAL BETY ONSET AND D	DEATH	
[M OR CONTRIBUTING □ CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE				RT 1(a) 19 WAS AL PERFOR/ YES 1	MED?	
20c TIME OF INJURY Manth, Day, Year Hour a m.		ACE OF INJURY (Hame, fa ictory, street, affice bldg., i		~n)	(Caunty)	(State)	
21. 1 certify that (1) (this haspited) of saw the deceased alive an 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICANS NAME (Type) J. Roy Guy		death accurred at/	M, from the	AFF YS. world,	ne date stated o		
236 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Burial 9/5/61 Christ Episcopal Cem Chaptico, Maryland							
2 FUNE PARTIES OF STIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE SEP 7 361 CALLARY & HALLA							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if instit a. COUNTY b. COUNTY St. Marv's Marion MARYLAND b. CITY OR TOWN (if outs de corporate fimilis, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) a LENGTH OF STAY IN 16 write RURAL and give nearest town] Leonardtown. davs Indianapolis 26. d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) d. STREET ADDRESS ON A FARM? 5640 East 41st. St. Mary's Hospital YES NO X 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) DEATH 1961 Christopher Edwin Sep tember 6 COLOR OR RACE 17, MARRIED NEVER MARRIED AGE (In yeers , IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Hours July 19,1961 Male WIDOWED DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (County & State, or fore on country) done during most of working life, avan if retirad) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Francis Watts Catherine Rose Lundstrom 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes giva war or dales of sarvice) Hospital records IB. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INIMEDIATE CAUSE (a) DUE TO gava risa to immadiata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION G.VEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF EXAMINER; 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.] Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from [C saw the deceased alive on...! 22b. DATE 22a SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Leonardtown, Maryland 23d. LOCATION (City, town or county) 23e, BUR.AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) St. Aloysius Leonardtown. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland DATE

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VR A15 (4) 15M 9/60



the attending physician and completely fill. —— by the funeral director. Then please remave carbon papers. Pages I and 2 should be filed with Irs ofter death. Page 4 TO HOST IN OR ITTERDESTINATION. The law require that the death mertificate be executed within 2 may be made by the haspital or attending physician.

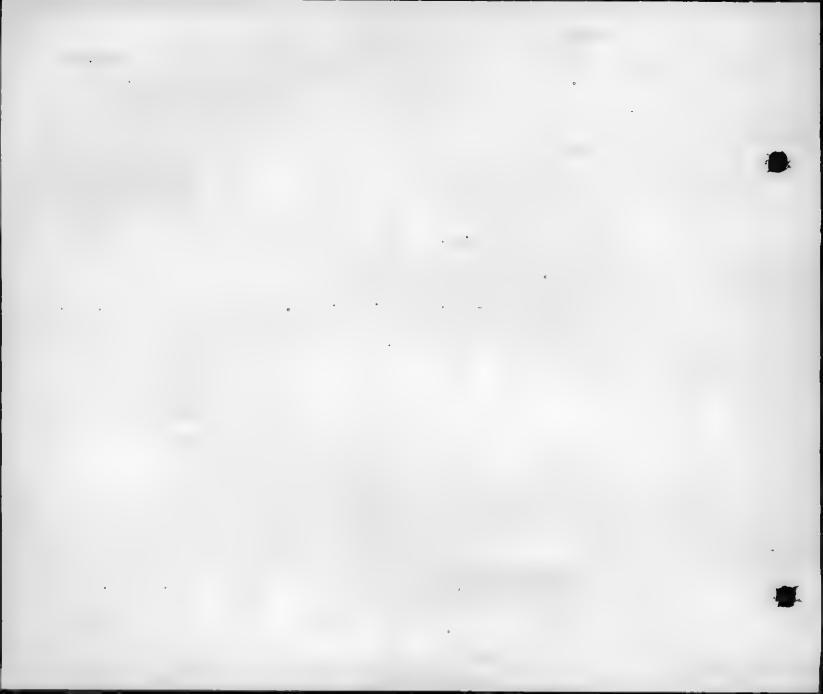
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillipage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death

VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10665

١l		PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·		2. USUAL RESIDENCE (W		tion: Resident he be bemission)				
Л	(o. COUNTY St. Marys MARYLAND			Maryland b. COUNTY St. Marys						
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF S			c. LENGTH OF STAY IN 16	CITY OR TOWN (If	autside carporate limits, write	RURAL and give nearest town)				
		RURAL and give nearest tawn) Chaptico life			Chap	tico					
7	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION			d STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
$\langle $			Rural		Rura	1	YES NO P				
£	3 1	NAME OF DECEASED	First	Middle	Last	4. DATE Mo	onth Day Year				
- {	(Type or print) ROSE		ROSE	ALETHEA	WELCH	DEATH Septe					
	S SEX 6. COLOR OR RACE 7 MA		6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year) last birthday)	Manths Days Haurs Min.				
		Female	White WIDOV	VED DIVORCED	September						
	100	. USUAL OCCUPATIO during most of work	N (Give kind of work done 10thing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12 CITIZEN OF WHAT COUNTRY				
			ewife	Domestic	Maryl	and	USA				
1	13.	FATHER'S NAME			14, MOTHER'S MAIDEN I	NAME					
		Th	omas E. Edwa	rds		Mary F. L.	Loyd				
4			IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO 17. II	NFORMANT	Ad	dress				
		EI/O		M	rs. Mary T.	Vazzana - Ch	peptico, Md.				
		18. CAUSE OF DEA	TH [Enter only one cause per	line far (a), (b), and (c).]		, .	INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	taute a	Oronzon	000/00100	5 Lyle				
		4201 DUE TO									
couse (a), stating the under- lying couse last. (c)											
	S O	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPPERFORMED?									
	CATION	YES NO X									
	CERTIFI	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)									
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY		The state of the s	ACE OF INJURY (Hame, for ctary, street, affice bldg., etc.	n, 20f. (City ar tawn)	(Caunty) (State				
	MEC	p. m.	19 While	e Natwhile III							
		21. I certify that	t (I) (this hospital) after	ided the deceased fram.	Jul 9, 19	55 to 5-1					
		saw the deceased alive an 2/2 pt 1964, and that death occurred \$ 100, from the causes and an the date stated abave									
		22a SIGNATURE	, 1				22h DATE				
		1	on 11/ Se	24610	M.D. PHYS.	IRECTOR PHYS	9/27/61				
		22c PHYSICIAN'S NAME (Type)	LEUN W. BER	UBE, NID	22d ADDRESS	henicawillo	Manuel and				
			OF Y TOO AY YOUNG		mec.	hanicsville,	, Meryteno				
	23a		N. 236 DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, lawn,	, ar county) (State)				
		Burial (Specify)	9/29/61	St. Joseph	Cemetery	Morganza.	Maryland				
	20	FINANDIPCION	SIGNATURE	ADDRESS	25a. REC		GISTRAR'S SIGNATURE				
-	-	A.B. FRO	binson - Leo	nardtown, Mar	ryland PATOCT	[3 '61 Cu	ing S. Fline				



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND OF DEATH Item ld Film Gc97 14/9/61 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, if institute e. COUNTY n. STATE b. COUNTY St. Mary's MARYLAND Maryland St.Mary's c. CITY OR TOWN (If outside corporata limits, write RJRAL and give naarast town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Leonardtown 14 days Rural Comp ton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) e. IS RESIDENCE ON A FARM? YES NO V Mary's Host. 3. NAME OF 4. DATE M ddle Yeer Month DECEASED OF (Type or print) DEATH 1961 September Williams 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years HE JNDER 1 YEAR IE UNDER 24 HRS. lest birthdey) Months Deys Hours WIDOWED | DIVORCED Sept. 6 Male VIS. 12. CITIZEN OF WHAT COUNTRY? 10e. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY II. SIRTHPLACE County & State, or foreign country) done during most of working life, even if retired) Washington, D.C. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Williams Helen Bishop 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service Dorothy B. Williams Compton. Maryland 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if env, which (b) geva rise to immediate cause DUE TO (a), sleting the underlying cause lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO T 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of neury in Part I or Part II of itam IB.) 20d, NJURY OCCURRED, 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 2Dc. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. al work al work 21. I certify that (I) (this hospital) attended the deceased from... to E.I., and that death occured at 2.1. M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a 5 GNATURE ATTENDING MAED STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Leonardtown, Maryland

123c. NAME OF CEMETERY OR CREMATORY

ADDRESS

St. Andssws Cometerv

1 23d. LOCATION (City, town or county)

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Cirillian S. Haus

Leonardtown.

DATIOCT

(State)

Maryland

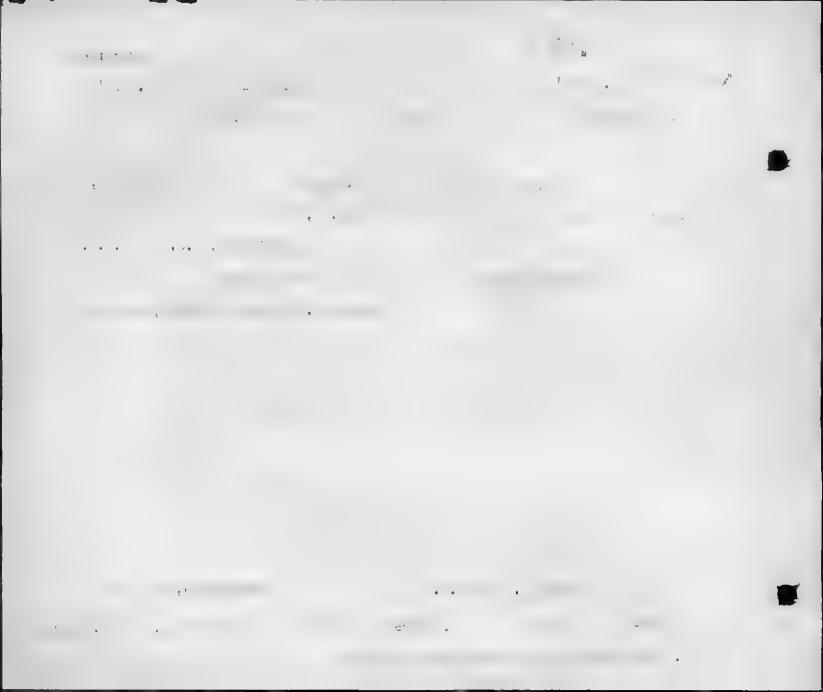
12e .E " Pages 誓 Filled ded compl and 940 please - Sing affeni Then tending Plysic IVSICIAN: hospital or certifica ha 8 0 USB USB ģ this deteched retained by TOR: After I may be retaine DIRECTOR: should FUNERAL director be file 0 H VR A15 (4) 15M 9/60

23a, BURIAL, CREMATION, 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

10/2/61

W. Clarke Mattingley Leonardtown, Maryland



AND STATE DEPARTMENT OF HEALTH

MEN IN THE PROPERTY OF PARTY AND TAKE A 1 Below Miss of a real part of the last of A THE REPORT OF THE PARTY OF TH of the State of the Entroll of antiple reconnil taken 12 to 1270 . 2 to 12 To Jack To Charles and 12 Strate made will a wife a seed to the control of the control of The state of the s THE REPORT OF THE PROPERTY OF The state of the s the property of a countries of the state of

TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death.

S A Description of the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Deat. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1	10668 CERTIFICAT	E OF DEATH	1	4.0000					
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	CE (Where deceased fived, If inst	in ious standard lore edmission)					
1	St. Mary's MARYLAND		yland	St. Mary's					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	CITY OR TOWN	If outside corporete limits, write RI						
	Leonardtown 20 hrs. Rural Hollywood								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?					
2	St. Mary's Hospital			YES V NO					
	NAME OF First Middle	Lest	4. DATE Month	Dey Year					
П	(Type or print)	tes	DEATH September	r 24. 19 61					
		DATE OF BIRTH	9. AGE (In yeers IF	UNDER TYEAR IF UNDER 24 HRS.					
ı	The state of the s	Sept. 187		lonths Deys Hours Min.					
-	04. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY					
ı	House wife Home		Manual and	11 C A					
-	3. FATHER'S NAME	1 14. MOTHER'S MAIDEN	NAME Maryland	U.S.A.					
	Manula Paralas	0 1 1 0							
-	Frank Bowles S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sophie Ti	Lppett Address						
	Yes, na, or unkown) (Ifyesgivewerordetesolservice)			Manual and					
==	No Mr. 18 OCAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	Mae B. Russ	sell Hollywood,	INTERVAL BETWEEN					
	PART 1. DEATH WAS CAUSED BY:								
	IMMEDIATE CAUSE (0) Carolica avreil								
1	DUE TO								
	Gonditions, if any, which gave rise to immediate couse (b) Awneho - present in								
	(e), steting the underlying DUE TO								
	cause lest. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED?					
	Carlie Vescular deceare	- loyear		YES NO					
the same of the same of	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Port II or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)								
	Hour e.m. While Not While factory, street, office bidgs, etc.) p.m. 19 et work et work								
1	21. I certify that (I) (this hospital) aftended the deceased from Act 14., 1961, to the 1961, that (I) (we) last								
	saw the deceased alive on 24 1961, and that death occurred at 27 M from the causes and on the date stated above								
	22e. SIGNATURE		/	22b. DATE					
I.	1 Orbican N		MED. STAFF DIRECTOR PHYS.	9/25/61 SIGNE					
1	22c. PHYSICIAN'S 22d. ADDRESS								
1	NAME (Type) P. J. Bean M.D. Great Mills, Maryland								
7	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town						
	Burial Sept. 27,1961 St. Alog	ysius	Leonardtown,	Maryland					
1	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		C'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE					
- 11	W.Clarke Mattingley Leonardtown, Marylan	nd DATE	MEP 27'61 0.	Shore & Strange					
-	MATOTEO ME ONTIPES A MODISTI COUNTY MEST SEE			Transfer					

MARYLAND STATE DEPARTMENT OF HEALTH

2000 Witch La Att. March. A Trail Bandleish Lecinard town Dorak McLamena - 2 mil (01) fatignal a gual ass Tlerence Scules Vaces September 29, 51 10701 .J. 1070 Permis thinks of the house wife .a.s. business 1111 01101 Seggii sidgel Mrs Mas J. Dansoll Hollywood, Maryland The same of the sa 1 1- 1 2000 - market when the the property them to some to go the fact of the first of the house (A C C C) P. J. Jest M.D. Crost Miller Instituted Berisi Sept. 27,1961 5t. Magains Locmardians, Siryland SHEET CONTENT W. Clarke Mattingley Leonardtone, Margland